

The Smile Train 41 Madison Ave, 28th Floor, New York, NY 10010, USA Tel 212.689.9199 Fax 212.689.9299 info@smiletrain.org www.smiletrain.org

## Final Grant Report for Education & Training Grant Recipients

It is of great value to hear how the Smile Train's grant made an impact on your cleft program and the children you serve. To be considered for future funding, all Smile Train grant recipients are requested to submit a Final Grant Report within 30 days of completing the grant. We greatly appreciate you taking the time to complete this report and look forward to receiving it.

## The final grant report should contain:

- 1. Amount of Smile Train grant and dates of grant period.
- 2. How was this grant used? Please explain how 100% of the funding was spent.
- 3. How many medical professionals does your center train every year and how many additional medical professionals were trained with this Smile Train grant?
- 4. Was this grant used to provide cleft surgery for children? If so, how many?
- 5. What is the average cost per medical professional trained?
- 6. How much of the total cost of training is covered by: 1) Smile Train 2) other non-profit organizations 3) government 4) insurance 5) patient 6) If other, please specify.
- 7. How did The Smile Train's grant affect your training program?
- 8. Describe the successes and challenges experienced and any internal or external factors that had a positive or negative effect.
- 9. Describe how The Smile Train grant has been communicated to the public. Include news clippings, releases, and brochures.